



2010 Summer Volleyball Program Registration

Athlete's Name(s):		Date of Birth:	
Address:			
City:		State:	
		Zip:	
Email:			
Emergency Contact:			
Phone Numbers:			

Grade Entering this Fall (Please Circle One):

5th 6th 7th 8th 9th 10th 11th 12th

T-Shirt Size (Circle One): Adult Size Small Medium Large X-Large XX-Large

Questions?? Contact: Premier Athlete Performance at 610-743-3239 or Denny Werner at DJNW2309@aol.com. Please mail registration form along with check for \$250 by May 15th!!
Checks Payable to: PAP Mail to: Premier Athlete Performance PO BOX 6738 Wyomissing PA 19610 .

Informed Consent

I realize that volleyball is a physical activity that involves aerobic and aerobic activity. I know that my child must be and act responsible for themselves and their co-participants. I understand that participation in volleyball involves certain inherent risks and that, regardless of the precautions taken by PAP Volleyball or the participants, some injuries may occur. These injuries may include, but are not limited to: contusions, cramping, abrasions, sprains, strains, dislocations, fractures, head injuries, neck injuries, quadriplegia, blindness and death. These injuries may result from various hazards, such as neglecting to warm up, stretch or cool down, diving to the floor to make a play, landing on other players after spiking, blocking, running into walls or bleachers trying to play a ball, being hit in the face or body by a spiked ball. The likelihood of such injuries may be lessened by adhering to the safety rules set by the coaches. In order to properly protect my own child's safety and that of his/her fellow participants, I agree to instruct my child to immediately report any noted deviations from the safety rules as well as any observed hazardous conditions or equipment to his/her coach. I further certify that my child's present level of physical condition is consistent with the demands of active participation in volleyball. Following is a full and complete list of all my child's known health conditions that may effect his or her ability to participate.

I have carefully read the foregoing document. I have had the opportunity to ask questions and have them answered. I am confident that I fully know, understand and appreciate the risks involved in my child's active participation in volleyball and I am voluntarily requesting permission for him/her to participate.

PARENT'S SIGNATURE: _____ Date: _____

